



01-03-06

PTO/SB/30 (04-05)

Approved for use through 07/31/2006. OMB 0651-0331  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<p style="text-align: center;"><b>Request For Continued Examination (RCE) Transmittal</b></p> <p>Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application Number	10/090,450-Conf. #3289
	Filing Date	March 4, 2002
	First Named Inventor	Thomas A. Chodacki
	Art Unit	3742
	Examiner Name	T. S. Campbell
	Attorney Docket Number	57097(72011)

**This Is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

ii.  Other \_\_\_\_\_

b.  Enclosed

i.  Amendment/Reply      iii.  Information Disclosure Statement (IDS)

ii.  Affidavit(s)/Declaration(s)      iv.  Other \_\_\_\_\_

2. **Miscellaneous**

a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b.  Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a.  The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 04-1105. I have enclosed a duplicate copy of this sheet.

i.  RCE fee required under 37 CFR 1.17(e)      || 01/04/2006 BABRAHA1 00000048 041105 10090450

ii.  Extension of time fee (37 CFR 1.136 and 1.17)      || 01 FC:1801 790.00 DA

iii.  Other \_\_\_\_\_

b.  Check in the amount of \$ \_\_\_\_\_ enclosed

c.  Payment by credit card (Form PTO-2038 enclosed)

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
Signature			Date      December 30, 2005
Name (Print/Type)	Peter F. Corless		Registration No.      33,860

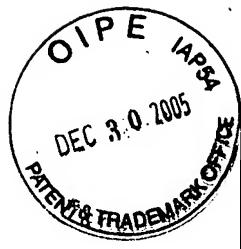
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV756266175 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 30, 2005

Signature: (Peter F. Corless)

01/04/2006 BABRAHA1 00000048 041105 10090450

02 FC:1801 524898 100.00 DA



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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>Fee Transmittal For FY 2005</b>		Application Number	10/090,450-Conf. #3289
		Filing Date	March 4, 2002
		First Named Inventor	Thomas A. Chodacki
		Examiner Name	T. S. Campbell
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3742
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b> 970.00	Attorney Docket No.
			57097(72011)

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

<b>Fee Description</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
_____	- 20 = _____	_____ x _____ = _____		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	- 3 = _____	_____ x _____ = _____			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	- 100 = _____	/50 (round up to a whole number) x _____ = _____		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
1801 Request for continued examination (RCE) 790.00  
Other: \_\_\_\_\_

<b>SUBMITTED BY</b>					
Signature			Registration No. (Attorney/Agent)	33,860	Telephone (617) 439-4444
Name (Print/Type)	Peter F. Corless		Date	December 30, 2005	

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Dated: December 30, 2005 Signature: (Peter F. Corless)